

Arizona Department of Health Services
Office for Children with Special Health Care Needs

Date:

CASE TRANSFER LETTER

Dear

Due to your recent address change to zip code _____, the Family Resource Coordination case for _____ will be transferred to _____ located in _____.

Supervisor/Family Resource Coordinator: _____

Address:

Phone:

The new Supervisor/ Family Resource Coordinator will shortly contact you. We appreciate all of your support and cooperation during this transitional period. It has been my pleasure working with you and best wishes for the future. In addition, if you have any questions or concerns, please call me at:

Sincerely,

C: member file